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Rebecca McDowell Cook  
**Secretary of State**

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## IN THIS ISSUE:

### EMERGENCY RULES

**Office of Administration**  
 Commissioner of Administration . . . . .143

**Department of Labor and Industrial Relations**  
 Missouri Commission on Human Rights . . . . .144

**Department of Revenue**  
 Director of Revenue . . . . .144

**Missouri Consolidated Health Care Plan**  
 Health Care Plan . . . . .144

### PROPOSED RULES

**Department of Natural Resources**  
 Public Drinking Water Program . . . . .147  
 Solid Waste Management . . . . .191

**Department of Social Services**  
 Division of Medical Services . . . . .204

**Department of Health**  
 Missouri Health Facilities Review Committee . . . . .206

### ORDERS OF RULEMAKING

**Department of Economic Development**  
 State Board of Registration for the Healing Arts . . . . .211  
 Public Service Commission . . . . .211

**Department of Revenue**  
 Director of Revenue . . . . .212

**Elected Officials**  
 Secretary of State . . . . .212  
 Treasurer . . . . .212

### Department of Health

Division of Environmental Health and Epidemiology . . . . .213  
 Division of Health Standards and Licensure . . . . .213  
 Missouri Health Facilities Review Committee . . . . .222

### Department of Insurance

Property and Casualty . . . . .223

### IN ADDITIONS

**Department of Economic Development**  
 Division of Credit Unions . . . . .225

### BID OPENINGS

**Office of Administration**  
 Division of Purchasing . . . . .226

**RULE CHANGES SINCE UPDATE** . . . . .227

**EMERGENCY RULES IN EFFECT** . . . . .236

**REGISTER INDEX** . . . . .239

Register Filing Deadlines	Register Publication	Code Publication	Code Effective
Nov. 1, 1999	<b>Dec. 1, 1999</b>	Dec. 31, 1999	Jan. 30, 2000
Nov. 15, 1999	<b>Dec. 15, 1999</b>	Dec. 31, 1999	Jan. 30, 2000
Dec. 1, 1999	<b>Jan. 3, 2000</b>	Jan. 30, 2000	Feb. 29, 2000
Dec. 15, 1999	<b>Jan. 14, 2000</b>	Jan. 30, 2000	Feb. 29, 2000
Jan. 3, 2000	<b>Feb. 1, 2000</b>	Feb. 29, 2000	March 30, 2000
Jan. 14, 2000	<b>Feb. 15, 2000</b>	Feb. 29, 2000	March 30, 2000
Feb. 1, 2000	<b>March 1, 2000</b>	March 31, 2000	April 30, 2000
Feb. 15, 2000	<b>March 15, 2000</b>	March 31, 2000	April 30, 2000
March 1, 2000	<b>April 3, 2000</b>	April 30, 2000	May 30, 2000
March 15, 2000	<b>April 17, 2000</b>	April 30, 2000	May 30, 2000
March 31, 2000	<b>May 1, 2000</b>	May 31, 2000	June 30, 2000
April 14, 2000	<b>May 15, 2000</b>	May 31, 2000	June 30, 2000
May 1, 2000	<b>June 1, 2000</b>	June 30, 2000	July 30, 2000
May 15, 2000	<b>June 15, 2000</b>	June 30, 2000	July 30, 2000
June 1, 2000	<b>July 3, 2000</b>	July 31, 2000	August 30, 2000
June 15, 2000	<b>July 17, 2000</b>	July 31, 2000	August 30, 2000
June 30, 2000	<b>August 1, 2000</b>	August 31, 2000	Sept. 30, 2000
July 14, 2000	<b>August 15, 2000</b>	August 31, 2000	Sept. 30, 2000

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule.

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**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 24, *Missouri Register*, page 27. The approved short form of citation is 24 MoReg 27.

The rules are cited in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

**RSMo**—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.

**R**ules appearing under this heading are filed under the authority granted by section 536.025, RSMo Supp. 1999. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

**R**ules filed as emergency rules may be effective not less than ten days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

**A**ll emergency rules must state the period during which they are in effect, and in no case can they be in effect more than 180 calendar days or 30 legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

**Title 1—OFFICE OF ADMINISTRATION  
Division 10—Commissioner of Administration  
Chapter 15—Cafeteria Plan**

**EMERGENCY AMENDMENT**

**1 CSR 10-15.010 Cafeteria Plan.** The Office of Administration is amending the rule on the cafeteria plan by amending section (2) and changing Appendix A, section 3.01, Appendix C, section 6.01, and section 6.03.

*PURPOSE: This rule is being amended to comply with new COBRA regulations.*

*EMERGENCY STATEMENT: This emergency rule is necessary to preserve a compelling government interest that requires an early effective date. Without this amendment, the Missouri State Employees' Cafeteria Plan would not be in compliance with the Internal Revenue Code. Therefore, this employee benefit plan, with \$45,600,000 in contributions (CY 1999), would be at risk of being retroactively eliminated. Any disruption in the application of this plan would create serious tax implications for the plan's 26,000 participants, since taxes would be owed on the amount contributed to the plan while authorization was suspended. Therefore, it is of considerable compelling government interest that the Missouri Cafeteria Plan not be put in jeopardy of being eliminated and thus depriving the 26,000 employees and their families of*

*this benefit. This new rule also follows procedures best calculated to assure fairness to all interested parties under the circumstances. This emergency rule is limited in scope to the circumstances creating this emergency and complies with the protection extended by the Missouri and United States Constitutions. Emergency amendment filed December 15, 1999, effective January 1, 2000, expires June 28, 2000.*

*PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

(2) The commissioner of administration shall maintain the cafeteria plan, the dependent care assistance plan and the flexible medical benefits plan, in written form, denominated as the Missouri State Employees' Cafeteria Plan (Appendix A), the Missouri State Employees' Dependent Care Assistance Plan (Appendix B) and the Missouri State Employees' Flexible Medical Benefits Plan (Appendix C), **which are incorporated in this rule by reference**, for Plan Year 1998 and years following.

*AUTHORITY: section 33.103, RSMo [Supp. 1998] Supp. 1999. Original rule filed March 15, 1988, effective June 1, 1988. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 15, 1999, effective Jan. 1, 2000, expires June 28, 2000.*

**APPENDIX A  
MISSOURI STATE EMPLOYEES' CAFETERIA PLAN**

The State of Missouri through the Office of Administration hereby amends and restates the Missouri State Employees' Cafeteria Plan (hereinafter called the MSECP) effective January 1, [1999] 2000. The MSECP shall be in the form of a trust established by the State of Missouri for public employees of the state who participate in the MSECP. The provisions of the MSECP, as set forth in this document and the attendant documents for the Missouri State Employees' Dependent Care Assistance Plan (Appendix B, hereinafter called the MSEDCA) and the Missouri State Employees' Flexible Medical Benefits Plan (Appendix C, hereinafter called the MSEFMBP), shall be applicable to each employee of the State of Missouri who elects to participate in the MSECP beginning with Plan Year [1999] 2000.

**ARTICLE THREE  
ELIGIBILITY AND PARTICIPATION**

3.01 The MSECP does not apply to any individual who terminated employment with the employer prior to the effective date of this amended and restated MSECP (January 1, [1999] 2000) unless such individual becomes reemployed by the employer on or after such effective date.

**APPENDIX C  
MISSOURI STATE EMPLOYEES' FLEXIBLE MEDICAL  
BENEFITS PLAN**

**ARTICLE SIX  
CONTINUATION COVERAGE**

6.01 In accordance with Section 42 *United States Code* 300bb, and notwithstanding any other provision in the MSEFMBP, a participant or his/her spouse or dependent may be **eligible to** elect to continue the coverage [elected] under the MSEFMBP though the

participant's election to receive benefits expired or was terminated, under the following circumstances:

- (a) Death of the participant;
- (b) Termination (other than for gross misconduct) or reduction of hours of the participant;
- (c) Divorce or legal separation of the participant; and
- (d) A dependent child ceasing to be a dependent child under the terms of this plan.

**The right to continuation coverage shall only be available if on the date of the qualifying event the participant's remaining benefits for the current plan year are greater than the participant's remaining premium payments.**

6.03 A premium may be charged to the participant, spouse or dependent, as the case may be, for any period of continuation coverage equal to not more than one hundred two percent (102%) of the cost of providing coverage for the period to similarly situated participants, spouses or dependents. Any additional premium amount in excess of one hundred percent (100%) of the cost of providing coverage for the period to similarly situated participants, spouses or dependents, shall not be credited to the participant's account and shall be treated as an additional administrative charge. *[Continuation coverage will extend for a period of not more than thirty-six (36) months (eighteen (18) months if the participant terminates or is terminated from employment or reduces or has his/her hours reduced so as no longer to be a participant) but may extend for a shorter period of time if:*

*(a) The employer ceases to provide any group health plan to any employee;*

*(b) The premiums described above are not paid within thirty (30) days of their due date; or*

*(c) A party electing continuation coverage becomes covered under another group health plan or entitled to Medicare benefits. Continuation coverage shall be provided in accordance with the requirements of Section 42 U.S.C. 300bb, all of which requirements are incorporated herein by reference.] Continuation coverage will not extend beyond the end of the current plan year. However, coverage may terminate earlier if:*

*(a) The employer ceases to provide any medical reimbursement plan to any employee;*

*(b) The premiums described above are not paid within thirty (30) days of their due date; or*

*(c) A party electing continuation coverage becomes covered under another group health plan or entitled to Medicare benefits.*

**Continuation coverage shall be provided in accordance with the requirements of Section 42 U.S.C. 300bb, all of which requirements are incorporated herein by reference.**

## **Title 8—DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

### **Division 20—Missouri Commission on Human Rights Chapter 3—Guidelines and Interpretation of Employment Anti-Discrimination Laws**

#### **ORDER TERMINATING EMERGENCY RULE**

By the authority vested in the Missouri Commission on Human Rights under sections 213.030(6) and 213.075.3, RSMo Supp. 1999, the commission terminates an emergency amendment as follows:

**8 CSR 60-3.040** Employment Practices Related to Men and Women is terminated.

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on October 15, 1999 (24 MoReg 2565). This emergency amendment is terminated effective December 29, 1999.

## **Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 3—State Sales Tax**

### **EMERGENCY AMENDMENT**

**12 CSR 10-3.460 Return Required.** The director proposes to amend section (2).

*PURPOSE: The purpose of this amendment is to change the threshold for monthly filers.*

*EMERGENCY STATEMENT: The director of revenue is authorized by statute to administer sales tax and establish filing frequency thresholds. This emergency amendment is necessary to ensure public awareness of administrative changes, which is beneficial and necessary to good tax compliance. This emergency amendment is necessary to preserve a compelling governmental interest requiring an early effective date, in that the amendment changes the filing frequency thresholds for monthly filers which will affect the taxpayers filing and remitting of their sales tax returns. The director finds that there is an immediate danger to the public welfare, which can only be addressed through this emergency amendment. The director has followed procedures calculated to assure fairness to all interested persons and parties and has complied with the protections extended by the Missouri and United States Constitutions. The director has limited the scope of the emergency amendment to the circumstances creating the emergency. Emergency amendment filed December 15, 1999, effective January 1, 2000, expires June 28, 2000.*

(2) If state sales tax collections exceed *[two hundred fifty dollars (\$250)] five hundred dollars (\$500)* in one (1) calendar month, the business is required to report and remit the tax for this month by the twentieth of the following month. Each month stands on its own and the *[two hundred fifty dollars (\$250)] five hundred dollars (\$500)* is not a cumulative total. In completing the return for a calendar quarter in which a monthly return has been filed, tax should be computed and shown only for the months not filed previously. The months covered by the return and the month previously filed must be clearly stated on the return.

*AUTHORITY: section 144.270, RSMo 1994. S.T. regulation 080-5 was last filed Dec. 31, 1975, effective Jan. 10, 1976. Refiled March 30, 1976. Amended: Filed Aug. 13, 1980, effective Jan. 1, 1981. Emergency amendment filed Dec. 15, 1999, effective Jan. 1, 2000, expires June 28, 2000.*

## **Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options**

### **ORDER TERMINATING EMERGENCY AMENDMENT**

By the authority vested in the board of trustees of the Missouri Consolidated Health Care Plan under section 103.059, RSMo 1994, the board hereby terminates an emergency amendment effective January 14, 2000.

**22 CSR 10-2.040** Indemnity Plan Summary of Medical Benefits is terminated.

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on January 3, 2000 (25 MoReg 8-9). A new rule regarding Indemnity Plan Summary of Medical Benefits will become effective on January 14, 2000. Therefore, in order to avoid having two amendments regarding 22 CSR 10-2.040 effective at the same time, the MCHCP will terminate the emergency amendment effective January 14, 2000.

**Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN**  
**Division 10 —Health Care Plan**  
**Chapter 2—Plan Options**

**EMERGENCY AMENDMENT**

**22 CSR 10-2.040 Indemnity Plan Summary of Medical Benefits.** The board is amending sections (1), (3), (4), (7) and (9).

*PURPOSE:* The amendment includes changes made by the board of trustees regarding medical benefits for participants in the Missouri Consolidated Health Care Plan.

*EMERGENCY STATEMENT:* This rule has a variety of changes from the current regulation. It must be in place by January 14, 2000, in accordance with the renewal of our current contracts. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies responsibility for eligible charges, beginning with the first day of coverage for the new plan year. It also provides further direction for appeals related to the operation of the plan. Many of these changes are required by either federal or state law. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 14, 2000, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. This emergency amendment is calculated to assure fairness to all interested persons and parties under the circumstances. Emergency amendment filed January 4, 2000, becomes effective January 14, 2000, and expires on June 28, 2000.

(1) Lifetime maximum, [one (1)] three (3) million dollars.

(3) Deductible Amount—Per individual for the indemnity plan [and the limited indemnity plan] each calendar year, three hundred dollars (\$300), family limit each calendar year, nine hundred dollars (\$900).

(4) [Copayment] Coinsurance.

(C) [Limited Indemnity Plan] Non-Network Services—Same as subsections (4)(A) and (B), except covered charges are reimbursed on a seventy percent (70%) basis.

(7) [Health Check] Clinical Management—Certain benefits are subject to a utilization review (UR) program. The program consists of four (4) parts, as described in the following:

(9) Prescription Drug Program—The indemnity plan provides [a carve-out program for prescription drugs. The program consists of] coverage for maintenance and nonmaintenance medications, as described in the following:

[A] Nonmaintenance Medications—For those prescription drugs needed for short-term use only, the member will be responsible for twenty percent (20%) of a discounted rate after satisfaction of the twenty-five dollar (\$25) individual deductible (seventy-five dollars (\$75) maximum family deductible).

1. The prescription must be written for less than a thirty (30)-day supply.

2. If the member chooses a brand name medication when there is a generic available, s/he will be responsible for twenty percent (20%) of the generic medication's cost (after satisfaction of the deductible), as well as the difference between the cost of the brand name medication and the generic medication. This difference does not apply to the out-of-pocket maximum. This provision does not apply if the doctor has indicated on the prescription that the brand name is necessary.

[B] Maintenance Medications—For those medications listed on the maintenance medication list, as determined by the claims administrator, the member will be responsible for a fifteen-dollar (\$15) copayment for each brand name medication and a five-dollar (\$5) copayment for each generic medication.

1. The prescription must be written for a thirty to ninety (30-90)-day supply.

2. Maintenance medications may be purchased from either a participating local pharmacy or the mail order facility.

3. Unless an exception is approved by the drug/claims administrator for a medically necessary reason, oral contraceptives must be obtained from an approved formulary list.

[C] Out-of-Pocket Maximum—There is a maximum out-of-pocket (including deductibles) of four hundred dollars (\$400) per individual, with a maximum family out-of-pocket of twelve hundred dollars (\$1,200). The out-of-pocket maximum applies to both maintenance and nonmaintenance medications. Once a member has reached the four hundred dollar (\$400)-maximum his/her covered drugs will be covered at 100% for the remainder of the calendar year.]

(A) Non-Maintenance Medications—

1. In-Network

A. \$5 Copay for 30-day supply for generic drug on the formulary

B. \$15 Copay for 30-day supply for brand drug on the formulary

C. \$25 Copay for 30-day supply for non-formulary drug

2. Non-Network—The deductible will apply. After satisfaction of the deductible, claims will be paid at 50% coinsurance. Charges will not be applied to the out-of-pocket maximum.

(B) Maintenance Medications—Prescriptions may be filled through a mail order program for up to a 90-day supply for twice the regular copayment for a drug on the maintenance list.

[(D)] (C) Nonparticipating Pharmacies—If a member chooses to use a nonparticipating pharmacy, s/he will be required to pay the full cost of the prescription, then file a claim with the prescription drug administrator. S/he will be reimbursed the amount that would

have been allowed at a participating pharmacy, less any applicable deductibles or coinsurance. Any difference between the amount paid by the member at a nonparticipating pharmacy and the amount that would have been allowed at a participating pharmacy will not be applied to the out-of-pocket maximum.

*AUTHORITY:* section 103.059, RSMo 1994. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 6, 1999, effective Jan. 1, 2000, terminated Jan. 14, 2000. Amended: Filed Dec. 6, 1999. Emergency amendment filed Jan. 4, 2000, effective Jan. 14, 2000, expires June 28, 2000.

**Title 22—MISSOURI CONSOLIDATED HEALTH  
CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—Plan Options**

**ORDER TERMINATING EMERGENCY  
AMENDMENT**

By the authority vested in the board of trustees of the Missouri Consolidated Health Care Plan under section 103.059, RSMo, 1994 the board hereby terminates an emergency amendment effective January 14, 2000.

**22 CSR 10-2.063 HMO/POS/POS98 Summary of Medical  
Benefits is terminated.**

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on January 3, 2000 (25 MoReg 12-13). A new rule regarding HMO/POS/POS98 Summary of Medical Benefits will become effective on January 14, 2000. Therefore, in order to avoid having two amendments regarding 22 CSR 10-2.063 effective at the same time, the MCHCP will terminate the emergency amendment effective January 14, 2000.

**Title 22—MISSOURI CONSOLIDATED HEALTH  
CARE PLAN  
Division 10—Health Care Plan  
Chapter 2—Plan Options**

**EMERGENCY AMENDMENT**

**22 CSR 10-2.063 HMO/POS/POS98 Summary of Medical  
Benefits.** The board is amending subsection (1)(Z).

*PURPOSE:* The amendment includes changes made by the board of trustees regarding the medical benefits of the HMO/POS and POS98 plans in the Missouri Consolidated Health Care Plan Indemnity Plan.

*EMERGENCY STATEMENT:* This rule has a variety of changes from the current regulation. It must be in place by January 14, 2000, in accordance with the renewal of our current contracts. Therefore, this rule is necessary to protect members (employees, retirees and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies responsibility for eligible charges, beginning with the first day of coverage for the new plan year. It also provides further direction for appeals related to the operation of the plan. Many of these

changes are required by either federal or state law. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 14, 2000, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. This emergency amendment is calculated to assure fairness to all interested persons and parties under the circumstances. Emergency amendment filed January 4, 2000, becomes effective January 14, 2000, and expires on June 28, 2000.

(1) Covered Charges.

(Z) Prescription Drugs—[Maximum thirty (30)-day supply, five dollar (\$5) copayment.] Insulin, syringes, test strips and glucometers are included in this coverage. [Additional restrictions may apply for use of nonformulary medication with HMO/POS. POS98 lessor of twenty dollar (\$20) copayment or cost of drug for nonformulary drug.] **There is no out-of-pocket maximum. Member is responsible only for the lessor of the applicable co-payment or the cost of the drug.**

**\$5 Copay for 30-day supply for generic drug on the formulary  
\$15 Copay for 30-day supply for brand drug on the formulary  
\$25 Copay for 30-day supply for non-formulary drug**

*AUTHORITY:* section 103.059, RSMo 1994. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Dec. 6, 1999, effective Jan. 1, 2000, terminated Jan. 14, 2000. Amended: Filed Dec. 6, 1999. Emergency amendment filed Jan. 4, 2000, effective Jan. 14, 2000, expires June 28, 2000.